

THE HOMŒOPATHIC TIMES.

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

Vol. III.

NEW YORK, DECEMBER, 1875.

No. 9.

Original Articles.

VACCINATION.

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To go over the whole field of inquiry which the above heading involves, would require the writing of a book rather than a medical paper. The two questions I wish to decide in this article are these: whether vaccination as a protective measure against small-pox has established for itself a claim to our confidence, or whether it would be to the general advantage of mankind to abandon its practice altogether; and further, whether it is an operation so harmless as to commend itself to our acceptance, or whether, on the other hand, it is so encompassed, directly or indirectly, with dangers, that the latter counterbalance the benefits it is believed to confer.

The only reply that can be given, is an appeal to facts, and the experience of more than seventy years.

Shall we, as homœopaths, reject vaccination upon the feeble and unproven arguments against this great prophylactic power, and quietly submit to the ruthless means brought forth to undermine its value?

This question, or one similar to it, is growing more and more urgent every day, for in our school as well as in the old one, we find men who harmonize in everything but this point, and either from their own knowledge or that acquired from the diligent studies of others, they array themselves on one side or the other, for the continuation or for the abandonment of vaccination. I may here attempt to classify those who are antagonistic to the practice of vaccination.

First, then, to begin with the smallest class.

I believe that there are a few persons living whose objection to vaccination is traditional:

as in religion, their fathers and grandfathers objected before them, and they never inquired into the subject for themselves, and only repeat what has been handed down to them from their childhood.

Secondly, there is a certain class of people whose minds are so contracted, that the assent of a majority is certain to place them in the ranks of the minority. Such persons profess to think upon all subjects for themselves, and the conclusions they arrive at are widely different from those arrived at by other people. These eccentric beings are totally unmanageable. To argue with them is to throw time and labor away.

Here I would assign a place to our colleague, Dr. Hamernjk, of Prague, the most bitter opponent of vaccination, and whose reasons and ideas on the subject have been most fully combated, and often proven to be false by Dr. Simon.*

A third class of objectors are absolutely dishonest. They have sinister purposes of their own to serve, and to gain their object, suppress some truths, exaggerate others, and misstate others. It is from the mouths of these persons that the cry of danger mostly proceeds. The *real* danger lies in listening to them, and unfortunately most of their hearers are among the poor and ill-informed.

The fourth and most important class of objectors consists of thinking but illogical people, who having only heard one side of the question, and being unaccustomed to sift and weigh the value of evidence, are very apt to found their judgment upon insufficient grounds. Such persons may have met, within the circle of their own friends, or within a limited experience, a number of instances, possibly consecutive, where small-pox has attacked persons who are *reputed* to have

* "Papers relating to the History and Practice of Vaccination," p. 127.

been vaccinated, and without further investigation they conclude that vaccination furnishes no protection against this disease. These, at least, are people who have an honest conviction, strengthened, perhaps, by traditional prejudice, but who are fairly amenable to argument. They may be shown, for instance, how an extended experience overthrows the inference they have drawn from too limited data; how, possibly the data themselves are open to the proof of fallacy; and how many of the dangers which they are apt to magnify in importance, dwindle in their proportions, when looked at from a different point of view.

A physician of large experience needs no statistics, no studying on the subject, no persuasion to show him the *pros* and *cons*; he looks quietly back upon his medical career, and runs over in his own mind all the cases which could have any influence upon his decision.

From men who are unbiased in their opinions, the young practitioner, if he take the time to peruse their works, will find enough to convince him he is justified in following Jenner's discovery. The student of medicine, above all others, must read books which do not lean too much to one side or the other, for when his ideas on a subject are once formed through a system of education, it is very hard to eradicate them in after life.

Homœopathy had, at first, to contend against this state of things, for the power of habit and education is one of the strongest among men. Young students had been taught that there was but one school in medicine, no one possessed the courage to ask if another could not exist at the same time, their blind faith in their teachers made them tread on in unbelief.

When a man has openly confessed his convictions before the world, his experience may have prompted him to speak, it requires a struggle between his reason and his pride before he can retract. The great Ricord was of the opinion for many years that syphilis could not be inoculated in its secondary forms, that from the chancre only could the virus be transmitted, how tenaciously he clung to it, the more he became sorely pressed from all sides, we all know. His own students proved the fallacy of his belief. From Germany, England and elsewhere, did the history of cases come to him to show him his mistake. At last he was convinced, but it was

hard, I believe, for him to see and feel that he had so grossly erred.

There is always a certain fascination for the young beginner in belonging to a new party, that for the sake of argument he may show his abilities, or gain notoriety in some way. To some I may do injustice in speaking thus, for their short experience may have shown them perhaps, that *their* views are the correct ones. To others, however, the saying of Julius Cæsar could be applied, "What men most desire they are most inclined to believe;" they cling grimly to their party, and try to persuade themselves that they alone can be right.

I claim two things in defence of vaccination: First, its prophylactic power, and secondly, the extreme rarity of the inoculation of syphilis and other diseases with the vaccine virus. I shall try to prove, through statistics and reliable authorities, the correctness of my statements. To show this conclusively and satisfactorily is the purport of this article.

Jenner, in his enthusiasm and delight on discovering this boon for mankind, went so far as to state that he had found a *certain* prophylactic against small-pox. Two years had not elapsed when he was obliged to admit that it was not infallible; that people who had been vaccinated *lege artis*, do take small-pox, and some *do* die. I admit all this.

Jenner does not speak in his works of having seen persons inoculated with syphilis and scrofula (?) through the vaccine virus, and this may be due entirely to the large amount of vaccination, which was (at his time) carried on by the cow-pox.

The prophylactic power of vaccination. Physicians of large experience, whether in our school or in the old one, must have noticed in their practice, how in en- or epidemics, vaccinated persons have been, under the most unfavorable circumstances, exposed to small-pox, and have never suffered from it in any way, and how many who were never vaccinated, fell victims very soon, though they may not have come in direct contact with the malady. I do not claim that vaccination is infallible, but one vaccinated stands a much greater chance of safety than he who has no mark to show that the lancet has been applied at least once to his arm. Among the lower classes, the harvest for epidemics of all kinds, you will be often told that the child has

been vaccinated. You examine his arm, and nothing is found. The doctor may have told the parents to bring the child in a week's time after the operation to him again; perhaps it was not convenient for them, and they thought the child just as well without doing so, and as it did not take the first time it never would.

The anti-vaccinator, if called to see such a child, laboring under small-pox, will think he has found a new case to strengthen his decision.

Many things may prevent a vaccination from "taking,"—the condition of the person to be vaccinated, the vaccine matter itself may be too old, or taken at the wrong time, and the way the operation is performed.

Statistics prove beyond a doubt, the efficacy of vaccination when it has been properly performed. Let us examine them for a moment. It would take up too much space to copy the entire table; therefore, I select only a few of the most unfavorable and favorable years.

Abstract of table in Mr. Simon's Report ("*Papers Relating to the History and Practice of Vaccination*,") p. 171, showing the mortality from small-pox in Copenhagen, for a period of one hundred years:

YEAR.	Populat'n.	Died of Small-Pox.	REMARKS.
1750	60,000	1,457	
1755	....	1,117	Inoc. hospital founded.
1759	....	1,079	Epidemic of scarlatina.
1761	....	4	
1769	70,495	1,219	
1782	....	332	
1794	....	452	
1762	....	7	Epidemic of measles.
1763	....	167	Epidemic of typhoid fever.
1764	....	480	Epid. of measles and typhoid.
1801	91,631	486	Vaccination first introduced.
1802	....	73	Vaccination estab. erected.
1807	....	2	Bom. Copenhagen by the English.
1808	....	46	
1810	....	4	Decree order. vac. promulgated from 1811 to 1823.
1811	100,975	0	No case.
1823	....	0	
1824	....	41	
1825	....	12	Vac. placed under Board of Health.
1835	119,212	434	Re-vac. became general in May.
1836	119,591	81	Re-vac. ordered for army.
1844	....	83	Re-vac. ordered for the navy.

This table certainly speaks favorably for the continuation of vaccination, and the more closely we study the number of deaths, after and before the introduction of Jenner's discovery, the more remarkable are the results. One thing must not be lost sight of in reading these reports, they are those of a government—official statistics. More faith should be placed in them than statis-

tics of private individuals; for, if they are in favor of vaccination, they cancel all they possibly can which would be detrimental; and if anti-vaccinators, deviations may be met with also.

The above table may have a great weight with those persons who belong under the fourth classification, and should they approach the subject with a true purpose, to distinguish right and wrong, my honest conviction is, that they must see how much there is in favor of vaccination.

Mr. Simon, an Englishman, who was the medical officer of the General Board of Health in 1856, addressed letters to the leading physicians in Great Britain and on the Continent, asking their personal experience of vaccination. The 539 replies printed by Mr. Simon, bearing, among others, the names of Brodie, Williams, Errichsen, Farr, Alderson, Addison, Barlow, Ferguson and Erasmus Wilson, in England; and those of Rayer, Bamberger, Chomel, Moreau, Rostan, Sigmund, and others abroad, deserve the perusal of any one with whom such an argument as this carries any force.

Bamberger, (now in Vienna,) of all these illustrious names, is the only one who deems it possible that inoculation of some other disease may take place, (he alludes to a case happening near Würzburg); since then, however, his advice is to vaccinate.

In communities where vaccination has been strictly performed, an epidemic of small-pox may rage in their vicinity, but no case happens among those who have sought protection in the vaccine virus. We have several illustrations of this related by Dr. Seaton.* In the year 1849, small-pox invaded the village of Road, near Chippenham, a wretched, ill-vaccinated place, and it attacked there 48 out of 800 inhabitants. Four villages, all within two miles of it, with populations 1,200, 230, 190 and 170, respectively, and all in constant communication with it, but where the poor are in better circumstances, and all vaccinated, entirely escaped. Mr. Livett, of Wells, cites the case of a village from which, by good vaccination, small-pox had been entirely excluded ever since 1837, although on several occasions it had prevailed in its immediate neighborhood, also at Wells, four miles distant. That it was not the mere hygienic condition of the village, or the want of communication, which,

* Parliamentary Papers, April 26th, 1853, p. 8.

exclusive of vaccination, shut out small-pox, is shown by the fact that other infectious diseases against which no similar protection exists, were not prevented from entering and spreading among the population. Many other cases could be cited, but in such a paper, I must try and curtail as much as possible, but I must mention one more instance.

A remarkable contrast in the operation of the contagion of small-pox among a well-vaccinated and a badly-vaccinated population, is found in what took place in the epidemic of small-pox in Iceland in 1839.*

In the town of Reikavick, the epidemic found a population of 1,300 persons, most of whom were vaccinated, and here only fifteen deaths from small-pox took place; while, on the other hand, in a fishing cove with a population of no more than 600, and where vaccination had been greatly neglected, forty persons died of the disease.

Several unquestionable instances are on record where the *spread* of small-pox has been arrested by energetic and persistent vaccination. Mr. Bailey, of Thetford, describes the introduction of small-pox into the village of Caxton, by a parishioner attending the funeral of his mother, and bringing her clothes home with him. The daughter, who from prejudice, had not been vaccinated, took the disease. Mr. Bailey states that he at once vaccinated three unprotected children in the adjoining house, and ultimately all children in the village, and there occurred no spread of the disease at that time.

Dr. Seaton† states that in June, 1850, small-pox broke out along the left bank of the Sutlej. Dr. Cannon immediately set his vaccinators to work along the right bank. The result was that the disease along the left bank, where there was no attempt made to arrest it, destroyed from fifty to sixty per cent.; along the right bank, from five to six per cent. only, and in many of these cases the proper performance of vaccination was doubtful. Many other similar cases are on record, but I must pass them over.

My experience with small-pox in private practice, has been very limited, but here I have learnt the value of vaccination time and time again. I have vaccinated many and seen many vaccinated,

but never saw any ill effects, either in the way of eczema, abscess of the axillary glands, etc., etc. Once I saw a case of eczema after vaccination, but I do not attribute it to that, and a few days ago a boy came into the dispensary with a large ulcer at the point of the inoculation of the virus, and erysipelas extending down his arm, he went in bathing in the Hudson the day after he was vaccinated.

Prof. Steiner, of Prague, in his recent work, speaks most favorably of vaccination, and his experience is a very large one, and carries much weight with it.

An incident occurred just after I had had the degree of Doctor of Medicine grahted me, which, beyond a doubt, showed me the value of Jenner's discovery. Knowing that I would be exposed to all manner of diseases in Europe, in frequenting the hospitals, I begged a physician, before leaving my home, to vaccinate me. I had been vaccinated when a child two years old, and "it took." Just before sailing, some five days, it was tried again, but without success. I attribute the non-success entirely to the age of the scab, which was twenty-one days old.

After a very stormy passage, I landed safely in Bremen, greatly emaciated from my sea voyage. I hastened to Vienna, to be there when the session commenced. I arrived there one evening, and commenced my visits early the next morning in the hospital. I followed Professor Hebra through his clinic for variola, and often I was the only student who would go into these wards, some of them confessing to me their fear of catching the disease, which was raging fearfully at that time. Nine days after my first exposure, I was obliged to take to my bed, with a high fever, and on the third day the variola eruption made its appearance. I had varioloid in its mildest form. In two and-a-half weeks from the day the fever made its appearance, I resumed my visits to the hospital.

A few days after my recovery I made the acquaintance of a young German from Saxony. He had been for one or two years the assistant in a hospital for diseases of the skin, and was one of your anti-vaccinators; vaccination was superfluous in the mind of this far-seeing Aesculapius, and bitterly did he have to rue it, for I believe, and shall continue to believe, it cost him his life. He was a splendidly developed man, strong and healthy. He visited Prof. Hebra's clinic regu-

* Papers relating to the History, etc., of Vaccination, p. 174.

† Parliamentary Returns, 1853, p. 9.

larly. We missed him three or four days from the clinic, and one morning Prof. Hebra announced to the class that he was dead! He died of variola hæmorrhagica in three days.

Until vaccination is made compulsory small-pox epidemics will never cease. It seeks out those interspersed among the vaccinated who have let the golden moment go by, and with an avenging arm, the disease sweeps down upon them, perhaps only to leave them when the spark of life has fled. In England, Denmark, Prussia, Sweden, and other continental countries, vaccination has become compulsory; and if one studies the statistics of these different kingdoms, the decrease in deaths by variola is very great.

In this country it is not so.

In Vienna, small-pox has been endemic for three years; it has *never* been entirely eradicated. At times, when hygienic and atmospheric conditions are unfavorable, the mortality will increase fearfully, and again in a few weeks it will diminish very materially, only to rise again at the least provocation.

In New York we have the same state of things. Let us observe closely when this secret enemy will have entirely been eradicated from our midst.

I admitted in the first part of this article the possibility of a person having small-pox after a perfect vaccination, but the comparative mildness of the attack which he undergoes when the disease chances to seize him, is (further) shown by the greatly reduced fatality of the malady. The evidence that can be adduced in proof of this truth is very large.

From an official statistic I will mention only the most favorable rate for the vaccinated and for the unvaccinated, in the epidemic of 1840-1.

Among vaccinated persons, 2,721 cases, 83 deaths; 3.0 per cent. Among unvaccinated persons, 2,488, 382 deaths; 15.3 per cent.

Here again we find vaccination lessens the mortality, though it is not an absolute preventive. Another objection has been raised to the practice of vaccination.

It has been said that the operation is in itself one not free from danger, and even from danger to life, and instances are put forward in which severe erysipelas, blood-poisoning or ulceration, have followed upon its performance. I do not deny that occasionally severe effects, and even fatal results, have followed the introduction of

vaccine virus into the system, that sometimes it has happened that instead of producing, as it normally does, a local vaccine vesicle, the system appears to be affected by it, as it would be by the introduction of some virulent animal poison. Most, if not all, of these unfortunate cases are open to an explanation, based upon the peculiarities of individual constitution, upon some condition of ill-health at the time of vaccination, upon the mode of life pursued during the progress of the vaccine disease, or upon some circumstances such as is known to impart a severe character, or a fatal tendency to other affections.

Is there any disease of the class to which vaccinia belongs? Is there any, the most trifling operation that the surgeon can perform, that is not open to an unfavorable termination, such as is met with now and then in vaccination? Are we to throw aside a protection like this, because we cannot insure absolute and certain immunity from evil consequences? Do we deny the soothing and beneficial action of chloroform inhalation, because now and then a fatal result has happened from its employment? Do we not act upon the teachings of general experience, in place of accepting as our guide occurrences which are altogether exceptional? Can anything better as a preventive be proposed? Are we to abandon vaccination? Is, then, small-pox a less dangerous disease?

The lesson which these accidents impart to us is this: that vaccination is not a thing to be trifled with or to be made light of; it is not to be undertaken thoughtlessly, or without due consideration of the condition of the patient, his mode of life and the circumstances of season and of place.

Surgeon and patient should both bear in mind the thought, that one is engaged in communicating, the other in receiving into his system a *real* disease, as truly a disease as small-pox or scarlatina; a disease which, mild and gentle as its progress may usually be, yet nevertheless, now and then, like every other exanthematous malady, asserts its character by an unusual exhibition of virulence.

The protection afforded by vaccination against small-pox seems limited in duration. We find this to be so upon turning to the statistical tables.

In Würtemberg, where recruits in presenting

themselves for army service have to be vaccinated, physicians have found that from 20 to 25 they are not as liable to receive the impression of the vaccine virus as from 25 to 30; and that after the age of 30, two-thirds of the cases are successful. It would be advisable, therefore, after twenty years have elapsed, sometimes in a shorter space of time, since one has been vaccinated, to try and vaccinate the same person. Homœopaths have in vaccinin, given internally, a preventive against variola; and in persons who have never been vaccinated, it would be advisable, I think, at the time of an epidemic, to give them occasionally a few pellets, of the 200th, provided they will not submit to the operation of vaccination. I look upon vaccination as the safer of the two.

Finally, among the principal causes of bad and unprotective vaccination, beside the fault in the operation, I may particularly allude to the use of lymph at too late a period in the course of the vesicle, taking lymph from vesicles themselves badly developed or imperfect in character, and the use of dry lymph instead of arm-to-arm vaccination. Experience teaches us that lymph for vaccination should never be taken after the areola is formed; so that, with the current lymph in use, the eighth day is the latest period at which it should be employed. When the areola is fully formed the lymph ceases to be limpid, and is imperfect in power, and apt to give rise to imperfect or modified pustules. I use the scab myself, and have seen just as much success from it as from the lymph. In hot climates I am of the opinion that lymph would prove very unsuccessful in vaccination, for even with the scab, it has been noticed to lose in some degree its power.

(To be continued.)

VERIFICATIONS OF HOMŒOPATHIC REMEDIES; OR, SIDNEY RINGER'S VERIFICATION OF HOMŒOPATHY.

BY GEORGE M. DILLOW, M. D.

IN the fourth edition of Ringer's "Hand-book of Therapeutics," Wm. Wood & Co., 1875, p. 263, the article on Phosphorus (a drug not treated of in preceding editions,) is opened with these words: "For many years this substance has fallen into disuse, but, quite recently, owing to its signal success in the hands of homœopathic

practitioners, it has been restored to favor." Again, on p. 505, after reciting the "striking" effects of Tinct. Bell. in two cases of ex-ophthalmic goitre, he concisely states "homœopathic doctors have long employed this treatment." With the addition of a passing allusion to Drs. Richard Hughes and Fleischman, as authorities, there is no other recognition of a large class of proscribed physicians, from whose daily practice, for fifty years or more, he has drawn numerous invaluable hints for the therapeutic application of drugs. Although he truly remarks that "perhaps no drug is more useful than aconite," he is yet so uncandid as to declare that "its virtues are only *beginning* to be appreciated," notwithstanding the fact that, from the time of the earliest heresies of the Arch-apostate from medical orthodoxy down to the latest "globulistic administration of the infinitesimal doctors," it has been the confident reliance of the "fools or knaves" who have prescribed it according to the identical indications in the identical diseases for which Dr. Ringer himself advises it. He is still more disingenuous in adopting without acknowledgment, the *Sulphide of Calcium*, a drug whose remedial effects cannot be ascribed to its physiological action, whose "decided control over the suppurative process," is "easily made manifest," and whose beneficent virtues he warmly attests to his brethren who, for so many decades, have been wilfully ignorant of its marvellous efficacy. The correspondence of Dr. Ringer's treatment with homœopathic practice seemed in numerous instances so apparent to the writer, when an unbelieving scoffer, as to convince him of the fallacy of a remark made by an eminent surgeon to the class in an old-school college, that "the reason the homœopaths cure as many as we do, is, that they give no medicine at all." It would be reckless to assert that Ringer's work proves the truth of the homœopathic law. But it *does* show that homœopathy has modified the old-school practice, that it has enriched the materia medica; that it has pointed out accurate indications for the old routine drugs; that conscientious physicians have been unjustly reviled; and that many men might have breathed the vital air for yet a longer time, had not professional zealotry sealed eyes that needed but to open in order that they might see. More than all, it throws a vivid light on the quicksands upon which are built the unsightly ramparts of the old-school castles, and

into which are sinking the excluding walls whose tops must yet afford a firm and level footing to the entrance of all truth-seeking men.

It would be impossible to prove the above statements without giving the details upon which they are based. But this would require a partial republication of the work, together with a portion of the homœopathic materia medica. We can, therefore, give only a few instances, and shall confine ourselves, in consequence, to the treatment of diarrhœa, and the allied diseases, dysentery and cholera.

Dr. Ringer's treatment of diarrhœa consists in the use of (1) cathartics, to expel irritants; (2) opiates, volatile oils and anæsthetics, to check secretions, paralyze the intestines, and alleviate pain and spasm; (3) alkalies and acids, to correct the acidity of the *primæ viæ*; (4) ice and the wet sheet; (5) astringents to constrict the relaxed mucous membrane and vessels; (6) medicinal doses of drugs, to act specifically in the individual case. It would be plainly foreign to our purpose to consider the first five means. Our attention, therefore, will be restricted to the last mentioned class, or individual specifics.

Sulph. ac. (p. 116,) is recommended in chronic and the "colliquative diarrhœa of hectic." "Its mode of action is less obvious than its efficacy," (p. 115). Compare Hull's *Jahr.*, Wm. Radde & Co., New York, 1851, *Symptomatology*, p. 933.

Nitric ac. (p. 116,) in small medicinal doses, is indicated in the straining diarrhœa of children, when the motions are green, curdled and mixed with mucus; also with pepsin in the chronic diarrhœa of children when the pale and pasty motions smell sour and very disagreeable. Compare *Jahr*, op. cit., p. 704; *ib.*, *Repertory*, 1850, p. 534.

Arsenic, pp. (253-254) is always of service in diarrhœa, characterized by solid or semi-solid motions, usually containing lumps of half-digested food, occurring immediately after eating. Dose, gtt. i-ii, Fowler's solution, (grs., $\frac{1}{100}$ to $\frac{1}{50}$). "Arsenic often proves useful in other chronic forms of diarrhœa, even when due to serious organic disease, as the bowel ulceration of phthisis, etc." "Arsenic has been strongly recommended (by whom?) in cholera, especially in the later stages, when there is much collapse." Compare *Jahr's Repertory*, edition cited pp. 452, 531; also, Hahnemann's letter in *Archiv für die Homœopathische Heilkunst*: Leipzig, 1831. Vol. XI, p. 126.

Bismuth Sub-nitrate (p. 190,) is highly spoken of in the "exhausting purging of phthisis" in half dr. to dr. doses; also, in "various forms of diarrhœa of young children," for which upon the continent, grs., 30-60 are hourly given, although Dr. Ringer says "gr.-j. hourly is very efficacious." He remarks (p. 189) that the method of its action, whether medicinal, physical or chemical, is yet unsolved. (This fact, together with the extremely incomplete provings, explains to us its very infrequent use by homœopathic practitioners.) Compare *Jahr*, *Sympt.*, edition cited, p. 191.

"Few, if any remedies are comparable to camphor in summer diarrhœa and cholera," (p. 360). It generally checks the vomiting and diarrhœa immediately, prevents cramps, and restores warmth to the surface. "It must be given at the very commencement," and frequently in doses of gtt. iv-vi. It is also endorsed in the acute diarrhœa of infants, and diarrhœas with cutting pains, excited by drains and exposure to cold. Compare *Jahr's Rep.*, edition cited, pp. 452-453. Hahnemann, op. cit., p. 122.

Capiscum (p. 391) is very useful in summer diarrhœas, and in diarrhœas persisting after the expulsion of the irritant.

Compare *Jahr*, *Rep.*, p. 532. Allen, *Cyc. Mat. Med.*, vol. ii, p. 544.

Castor oil (p. 283) given according to unknown indications, in 8-10 gtt. doses, will sometimes cause the diarrhœa of children to yield.

Chamomile (p. 571) "often proves very useful" in summer diarrhœas of teething children, with green, many-colored, slimy stools. "It likewise subdues restlessness and peevishness." Dose of infusion half dr. to dr. Compare *Jahr*, *Rep.*, edition cited, p. 531.

Copper sulphate (p. 233) by mouth or injection, is of service in severe chronic or acute diarrhœa. Compare Hahnemann, loc. cit.; *Jahr*, *Rep.*, p. 453.

Ipecac. (p. 398,) in hourly drop doses of the wine, (gr. $\frac{1}{4}$), speedily subdues the dysenteric diarrhœa of children, with slimy stools, green or not, with or without blood, especially when associated with vomiting. He says, in substance, that, although in some epidemics of dysentery it fails, yet it is largely used in the enormous doses of grs. 60-90, at intervals of ten or twelve hours. Compare *Jahr*, *Rep.*, ed. cited pp. 453, 531, 534.

Lime Carbonate, (p. 153,) and, in a less degree,

lime water deservedly holds a high place among remedies for diarrhœa. They are useful in the later stages, when the irritant has been gotten rid of. *Calcium Phosphate*, in chronic diarrhœa, especially that of young children, may be given with *calc. carb.* and *iron lactate*. "Whether the beneficial effects are due to its direct action on the mucous membrane, or takes place after absorption, our present knowledge does not enable us to decide;" (p. 159.) Compare *Jahr*, *Repert.*, ed. cit., p. 532.

Merc. Bichloride, (pp. 221-223,) in doses of gr. $\frac{1}{10}$ to $\frac{1}{20}$ every hour or two, cures with remarkable speed and certainty the acute or chronic diarrhœa of children as well as of adults, with *slimy stools*, especially if mixed with blood, and accompanied by pain and straining. *Grey powder*, gr. $\frac{1}{2}$ is of great use in the following cases: unhealthy children with imperfect digestion and flatulent distension, who have three or four pale, clayey, pasty, stinking passages per day; nervous persons who have attacks in which they vomit, have a coated tongue, and in a few hours become jaundiced; infantile cholera and chronic diarrhœa of children, characterized by incessant sickness, profuse and almost continuous passages of very copious and offensive, watery, colorless or dirty-looking discharges. "These differences displayed in the symptoms, though at present not discriminated pathologically, require somewhat different treatment. Hence, though in each kind of diarrhœa, all forms of mercury are useful, it is found that, in some cases, the *bichloride* is greatly to be preferred; and, in other cases, *grey powder*." Compare *Jahr*, *symp.*, ed. cited pp. 659, 649; *Repert.*, ed. cited pp. 531, 534.

Nitrate of Silver is used for its astringent (?) effect. Compare *Allen*, op. cit., vol. i., p. 464.

For a diarrhœa with high-colored motions and cutting pains, especially if it occur in the early morning, and improves or ceases by the middle of the day, gr. $\frac{1}{30}$ to $\frac{1}{60}$ of *podophyllin* three or four times a day, is highly useful; indeed the author has cured diarrhœas "even when they have lasted for many years," (p. 419.) Compare *Hale's New Hom. Provings*, 1864, p. 346.

Veratrum Album has been used with success in the vomiting and purging of summer diarrhœa," (p. 413.) Compare *Hahnemann*, loc. cit.; *Jahr*, *Rep.*, ed. cited, p. 453.

We have thus made a candid and (we believe) complete abstract of Dr. Ringer's treatment of Diarrhœa. Nothing which would place his ideas

in any other light than he himself intends, or which would seem unfavorable to homœopathy, has been intentionally omitted.

In addition, there have been cited references to homœopathic works mostly of a quarter of a century ago, to show, not that these were the earliest recommendations of these drugs in diarrhœa, for most of them are spoken of in the earlier writings of *Hahnemann*, but that their administration preceded for some time their employment by old school physicians. To quote the homœopathic indications referred to, would carry us beyond the limits of a magazine article, but any one who will take the trouble to compare them with Dr. Ringer's indications, will be surprised by the remarkable coincidences.

We therefore feel justly warranted in deriving from the above list the following propositions:

1st. With the exception of bismuth, camphor and the carbonate and phosphate of lime, all of these drugs are commonly known by physicians to produce loose passages from the bowels.

2d. According to the homœopathic materia medica, all of the above exceptions will cause similar diarrhœas, save camphor; which does, however, produce identical associated symptoms in the healthy, all authorities agreeing that it must be given in the very beginning.

3d. None of these drugs are given to exert their physiological action, but cure in an unexplained manner.

4th. Since they are not given according to any indications except experience, and since their recommendation has but recently crept into their text-books and colleges, it follows that they have not long been employed by the old school.

5th. But they have long been used by the new school, as would naturally be inferred from an honest application of its vaunted law, and their clinical verification in homœopathic literature for many years attests.

6th. The doses recommended appear ridiculously small to heroic routinists, but needlessly large to the homœopathist, who has repeatedly cured similar cases with the same drugs given in infinitesimal quantities.

7th. The indications given by homœopathists are more scientifically accurate and precise.

8th. When a representative author of the dominant school with emphatic gravity lays stress upon a morning aggravation or a mental state, as peevishness or restlessness, as guides to the selection of a remedy, it cannot be claimed that homœopathy has had no influence upon old-school therapeutics.

9th. Beyond all, the proof is conclusive, that many a "regular" zealot might have consulted with the despised "quack," with benefit not only to his knowledge, but to the health and life of numerous patients, whose gibbering ghosts may justly squeak their vengeance against the "deep damnation of their taking off."

Clinic.

SURGICAL CLINIC AT THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE, OCTOBER 9TH, 1875.

BY PROF. HELMUTH.

(Reported by HUGH M. SMITH and E. B. SQUIRE.)

BEFORE proceeding immediately to the cases in hand, Prof. Helmuth made some remarks on an amputation of the thigh which he had just performed, and alluded to the conditions which appeared to call for amputation, and those for resection of the knee. A few moments were then employed in questioning the class on the inflammatory process.

1st Case. *Goitre*.—James O'B., age 21. Born north-west part of Ireland. Came to Ophthalmic Hospital Sept. 29th, 1875. Complains severe pain in R. ear, began four days previously. Dr. Houghton, on examination, found ear normal, but discovered a tumor, size of hen's egg situated R. side of the neck, just above the clavicle, which presented *distinct* pulsation, varying from 110 to 120 per minute. When swallowing, the tumor was raised about three-quarters of an inch. The patient had only noticed the enlargement for past five or six days. Complained of pain in region of apex of heart. For this *Cactus gr.* 30th was prescribed.

Oct. 1st. Tumor very much enlarged; extends to median line of neck. He complained of tensile feeling in head. *R. Iodine*, one dose, and *Gelsem* 30th, to be taken every two hours.

Oct. 7th. Tumor extends across median line of neck. Nearly as much enlargement on L. side as on right. Complains of a sense of oppression in chest.

The above is the previous history of the case.

Prof. H.—“This patient has enlargement of Thyroid gland. It does not impede deglutition, but is growing rapidly. You all know that lying directly across the trachea there is a gland, the Thyroid; it is a ductless gland, and its office is unknown. There are several forms of hypertrophy of this gland. 1st. The colloid transformation growth. 2d. The lobulated cystic, the fibro cystic. 3d. The simple enlargement or hypertrophy, which is known also as Derbyshire neck, bronchocele and goitre. This, you will see, gentlemen, is a *simple hypertrophy*.”

In the earlier stages of this enlargement the patient is not much incommoded by it, but after a time a cough is induced by the pressure of the tumor on the recurrent laryngeal and other nerves. Death is sometimes produced by irritative fever from this cause, and suffocation.

In the treatment of this disease many means have been tried with variable success. With the old school, the different preparations of *Iodine* are much in use, the favorite being *Iodide of Potash*. “*Starvation of the tumor*” has been tried, by cutting down upon, and ligating the arteries supplying the gland. McKenzie, of London, employs a *seton* composed of lampwick, of sufficient caliber to close up completely the wound made by the needle, thus preventing all hemorrhage.

Many cases have been cured by an ointment of the *Dento iodide of mercury*. This is applied externally to the tumor, and the patient exposed to strong heat, until the part is blistered. I once cured a case by this application. Goitre may also be cured by the internal administration of the proper homœopathic remedies, and therefore we should give them a fair trial before resorting to more heroic treatment.

I would recommend for this patient *Calcarea carb.* 30th trit. I am guided in the selection of this medicine by the constitutional symptoms of the patient, and by the known action this drug possesses over glandular enlargements.

2d Case. *Hip Joint Disease*.—Elliot S., age 13 yrs. History of case: when about two years of age, received a fall, and was confined to bed for some time after. When about five years of age he fell on the ice, and afterward showed signs of incipient hip disease. He received no medical treatment, but apparently recovered; four years ago he again fell and sprained his ankle, and was then taken to the Orthopedic Hospital in Philadelphia. An extension splint was applied, which he wore four weeks. On the removal of the apparatus, he appeared to have entirely recovered. Last summer he fell and hurt his hip, and soon after this complained of pain in his knee. About one month later, while crossing a railroad track in front of an approaching train, he caught his foot in the frog of a switch; a man pulled him out suddenly, and wrenched his leg at the hip.

The patient was undressed and laid prone on the bed. Prof. H.: “One of the symptoms of

hip disease is the absence of the gluteal fold. In this case you will observe that it is wanting on the affected side, but this condition cannot be regarded as of great import in the diagnosis, as it is often occasioned by a spasmodic action of the rotator muscles of the thigh, and you will find that he has much irritative pain at night, and when lying long in one position. There is pain on slight rotation of the limb, but more on traction, because in the latter case the head of the thigh bone is drawn away from the acetabulum, there is also pain from tapping on the sole of the foot. This boy has hip disease, not of that acute variety where there is early formation of abscesses, but of the more chronic kind, and I think there is some effusion into the cavity of the joint. He has also some symptoms of paralysis. I should think that a properly applied splint would be beneficial to this boy, and I would recommend either a Bauer's or Taylor's splint." These splints were explained, together with their varied methods of application.

3d Case.—Martin Cary, age 22. Fistulous opening below right nipple, presenting the appearance of diseased bone beneath. Has received no fall or injury to his knowledge. A swelling appeared about the 1st of March last, and suppurated and discharged about the middle of April. A sinus formed, and has been constantly open ever since.

The inflammatory process, which has formed the subject of my lectures for the past week, and which I told you affected the osseous system as well as the soft parts, has here been exerting its baneful influence. You remember I told you that, however paradoxical it might appear, both repair and destruction were attributable to the process, and here you see an illustration of the latter. Here, I think, we shall find the molecular death of the rib, or in other words, caries. The difference between caries and necrosis is similar to that explained to you as belonging to ulceration and mortification. The dead portion of the soft parts is called a slough; that of bone, a sequestrum. It is in bone diseases that the wonderful efficacy of homœopathic medication is often especially noticeable, and I can call to mind many cases of caries, and especially caries about the ankle, that have been entirely cured by proper homœopathic medicines rigidly persevered in. The symptoms that point to the selection of the medicine are generally those of the constitution,

and each case must be thoroughly studied, in order to select the most appropriate remedial agent.

This presents the appearance of necrosis or caries of the bone. The remedies for this condition are *sil. calc. carb.*, *hep. s.*, and *sul.* We will keep this patient on *sil.* 30th *trit.* for one week, and then follow for another week with *calc.* 30th *trit.*, washing the sinus every day with warm water and Castile soap. The patient must return here in two weeks.

4th Case. *Hypertrophy of Tonsils.*—Richard Tivy, age 21. Prof. H.: "This patient has enlarged tonsils. These bodies are peculiar, and as far as known are of no earthly use, and besides cause a great deal of trouble.

"This patient is quite well, and has not much enlargement, not more, I think, than is amenable to medicine; if they are not thereby influenced they can then be cut off."

The anatomy of the glands was here given to the class, and the isthmus of the fauces explained.

Dr. Morrell Mackenzie, of London, reports over 200 cases which he has cured by the application of the so-called London porter, equal parts of *caustic potash* and *lime*.

We will give this patient *baryta carb.* 30th *trit.* three gr. powders, three times a day. For indurated tonsils this medicine is one of the best.

5th Case. *Scirrhus of the Breast.*—Katharine Jones, age 33. Has swelling in left breast, first noticed it three months ago. Has some sharp pains in breast. It grows quite rapidly. The axillary glands are already involved. Has received no hurt or blow on the part to her knowledge. Father died of old age, Mother, brothers and sisters are alive and well.

There are many cases, as you have seen, in which we can afford to wait for medicines to act, but this is not of those. This is scirrhus of the whole breast, and presents the peculiarities of this form of malignant disease. The distinctive marks of malignant, and innocent or benign tumors are well established; in the latter the structure bears resemblance to some of the normal textures of the human body; in the former, the growths are heterologous. The innocent tumor after removal shows no disposition to return, which is not true of the malignant. A benign tumor does not affect the surrounding tissues; in a malignant growth the parts are more or less infiltrated. In the non-malignant the constitution suffers not, while

in the cancerous formations, the entire system is affected to a greater or lesser degree. Look now at this breast, you will see that there is a retraction of the nipple taking place; there is a stony hardness of the tumor, it appears lobulated in places, and especially you will observe, which is peculiar to scirrhus, the tendency to contraction of the surrounding tissues. The axillary glands are somewhat involved, and I advise this lady to allow me to amputate the breast immediately.

Patient objected, said she would consult her friends, and return the following Saturday.

When I come to speak to you more minutely on this important subject, I shall endeavor to define to you the character of these malignant growths, and their treatment by internal medication, and the ratio of the recurrence after extirpation.

6th Case. *Varicose Ulcer*.—Katherine Doyle, age 52. History: This patient came to the dispensary of the college about six months ago. She has suffered from this ulcer for five years, and during this time has had a little of everything in the way of medical treatment.

When speaking to you of the various forms of ulcers, I mentioned one variety of the indolent sore, viz.: the varicose ulcer, which is exemplified in this patient. You will notice this ill-conditioned sore accompanied by an enlargement of the veins, which makes a varicose ulcer. There are two varieties of varicose sore, one in which the varix, on account of the obstructed circulation, has a tendency to favor the indolence of the ulcer, as in the case before you, and the other being that form in which the inflammatory process takes place over a vein, the parts are obstructed and hardened, nutrition is impaired, and a chronic solution of continuity results. In the treatment, the great desideratum is rest, an elevated position of the limb, (for varicose ulcers are almost invariably found on the lower extremities,) the strapping of the sore, obliteration of the vein, and proper internal medication. The obliteration of the vein is effected by placing two pins half-an-inch apart, beneath the vein, and having twisted a silk over the pins, divide the vessel, sub-cutaneously, or in other instances, the application of *potassa fusa* may be made over the vein, until an eschar is produced. This patient must have perfect rest, and a bandage applied. She is taking *arsenicum* internally, which has been pre-

scribed for the peculiar burning and constitutional symptoms, and we will continue it for the present. Other medicines are *hepar.*, *calc.*, *sulph.*, *lilac.*, *ham.*, *phytilac.*, *merc.*, *cac.*

A CASE OF SCROFULOUS ECZEMA CURED BY TELLURIUM.

BY F. H. BOYNTON, M.D.

LUCY JANE COLLINS, aet. 4, 156 Avenue C.—When one year old an eruption appeared behind the ears, for which an ointment was used. Under its use the eruption disappeared, but as soon as it was discontinued there was an immediate recurrence, which was neglected until eye trouble supervened.

She presented for treatment at the N.Y. Oph. Hospital, in June, 1874, for conj. pust. and bleph. marginalis, which conditions were somewhat ameliorated by the local application of *cosmoline* and the internal administration of *petrol 3d* and *30th*. At this time the eruption behind the ears still maintained the character which I can not here give, as I did not at that time treat the case. From the Ophthalmic record I note that there was relief only to recur in an aggravated form, which somewhat yielded to the use of *graph.*, *sulph.*, *arsen.* and *mezerium* in the order named; so there was retrocession and recurrence until Aug. 21, 1875, when I first prescribed for the case. At that time it presented the appearance of an aggravated scrofulous eczema behind both ears, extending above two inches into the hairy scalp, as well as backwards and below on the cheek. The eruptive area was covered by a mass of scabs nearly one-half inch in thickness, and traversed by fissures, dividing the surface in every direction; there was also a fissure behind the auricles of such depth as to threaten complete detachment; pressure upon the scabs caused a thin watery pus to exude from the ulcers beneath, and wherever it came in contact with the skin it caused excoriation, followed by ulceration. There was also *otitis med. sup. chr.*, with discharge of the same character. *Conj. pust.* and *bleph. cil.* still persisted with photophobia, lachrymation and redness, cervical glands enlarged and inflamed.

Here presented a case suitable for *tellurium*, which was given in the *3d trit.*, three doses a day, and continued until Oct. 20th, when the *30th* was given, dose in the evening. Improve-

ment commenced within three days from administration of the remedy, which has continued up to the present writing, when nothing remains but a slight scurf behind the ears.

Nov. 1st, 1875.

INFERIOR DENTAL NEURALGIA, LEFT SIDE.

PLANTAGO MAJ.

Oct. 4th, 1875. Jennie D., æt. 20.—Presented with a severe dental neuralgia of lower jaw, left side, which had existed more than two weeks. Twelve days ago had consulted a dentist, who extracted two carious molar roots, with no relief from pain; indeed had suffered more since extraction than before. For the last three nights has been so severe that she could not sleep. Pain shooting and tearing in character, extending up side of jaw into ear; "seemed as if she would go crazy." Had resorted to a variety of applications with no relief.

Remembering Hale's suggestions concerning this variety of neuralgia, I prescribed *Hecla lava* iii. every two hours. If no relief was obtained to report in seven hours, which she did, and with no amelioration of her terrible suffering. I then gave tr. *plantago major* gtt., v., to *aqua com.*, oz. ii. s., teaspoonful every half hour until some relief was obtained. I also saturated a wad of cotton with the tincture, and placed it in the ear.

Oct. 5th.—Reports entire relief within one-half hour after administration of *plantago*, and for the first time in four nights slept.

This is the first time I have had the pleasure of verifying the use of *plantago major* in odontalgias; since then I have derived benefit from its use in a case of alveolar abscess, also on the left side. I believe it to be homœopathic to neuralgia of the left side of the face.

DR. JOHN HUGHES BENNETT, late Professor of the Institute of Medicine in the University of Edinburgh, died Oct. 2d, aged 63 years. Dr. Bennett was more particularly known in this country through his work on clinical medicine, which in the clearness of its pathological descriptions and its advanced and positive teachings, was unsurpassed by any work issued from his school. In his own country his independence and boldness of thought were freely admitted, and he deservedly held rank as one of the great leaders of thought in the medical world.

SLEEPLESSNESS.

(From *The Lancet*, July 31, 1875).

Dr. GEO. JOHNSON, in a lecture on the effects of over-worked and mental anxiety, alludes to the sleeplessness and anorexia which are almost invariably caused by these conditions. He says it is not always easy to determine whether the loss of appetite is a direct result of the nervous excitement, or whether the restlessness is a result of the diminished supply of nutriment to the brain; but that it is probable that the two conditions have a mutual influence upon each other. In cases resulting from over-work, he has observed in numberless instances that a man who has been more or less restless for many months, and who, during that time, has had a loathing for food, after taking a grain of opium at bedtime for a few nights sleeps soundly for several hours, and then awakes with an appetite. This tends to prove that in such cases the derangements of the nervous system are first in order of time and importance.

In the cases of delirium tremens the reverse is true; the delirium, wakefulness, and other evidences of nervous disorder are directly due to malnutrition of the brain, and, in spite of all treatment by drugs, will continue until a certain amount of nutriment has been absorbed. In these cases the substitution of narcotics for food has often been attended with rapidly fatal results. We see, then, that in delirium *a potu*, sleep follows, and is favored by taking food; in cases previously nervous, the soporific effect of opium or chloral procures sleep, and then restores the appetite and assists digestion.

LET EACH MAN LEARN TO KNOW HIMSELF.—

Self-examination and meditation are always beneficial. The former can now be carried out more completely than ever before by the aid of a new apparatus devised by Dr. Grunfeld, of Vienna, which enables each man to examine his own urethra completely, and without inconvenience or expense worth mentioning. The inmost parts can also be shown to a friend if desired. For particulars, see the *Allgem. Wiener Med. Zeitung*, No. 36, 1875.

DR. LIEBRICH, of Berlin, has received a diploma of honor from the Vienna Exhibition, for his discovery of the properties of chloral.

The Homœopathic Times.

A MONTHLY JOURNAL

Of Medicine, Surgery and the Collateral Sciences.

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Published on the First of each Month.

Office, 18 West Twenty-Third Street, New York.

NEW YORK, DECEMBER, 1875.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., sec. 1.

THE CENTENNIAL.

THE Centennial of the nation will be the occasion of bringing together in Philadelphia in 1876, scientific men of every profession, and from every department of knowledge, from almost every civilized nation in the world. The more accurate knowledge they will gain of each other when brought face to face in the genial relationship of social life, will do much to strengthen the bonds of harmony and goodwill between the great leaders of thought all over the world.

The International Congress of Physicians which will then meet under the auspices of the American Institute of Homœopathy, will be looked forward to with no less interest by men of our school than will the International Congress of the Allopathic School, which will convene at the same time, by men of that branch of the medical profession. We are glad to see that an active spirit of preparation is on foot, and are convinced that the occasion will be memorable in the great good which will be accomplished by the able discussion of important topics, and the mass of interesting practical observations which will be gathered from hundreds of minds, and linked together in a strong logical chain for practical use.

We trust in the papers presented there will

be as little self-glorification as possible. It is just as well to take as settled the truth of the law of similars, the greatness of our school, its splendid triumphs and magnificent records, and devote ourselves, on this occasion, to the scientific and practical discussions of questions of general interest to us, as physicians, in enlarging our sphere of knowledge, and rendering us better fitted to grapple with the great problems of disease which daily present themselves. We want less theory and more facts, and every man who brings the record of a thoughtful experience in a single line of disease, founded not on a single case, but on a series of cases, in which the whole history has been carefully studied, and the treatment carried out step by step, as a logical deduction from that history and the present condition, contributes more of real practical value than the metaphysician who weaves the silken threads of his often fanciful deductions, into a gossamer fabric, beautiful to look upon, but with no inherent strength. Theories fade away like the mists of morning, but facts, however bare and naked they may be, stand, like the granite mountains, unshaken and immovable. Give us, then, facts; records of experience met in the sick-room, uncolored by the poetry of the imagination stimulated, as it often is, by the cigar or the wine-cup, or that double vision, which in a desire for notoriety, sees more than exists in nature. If our insane asylums would give us, with each case, the daily record of specific gravity, chemical and microscopic examinations of urine, ophthalmoscopic observations, when they are possible, with the daily condition of the patient, and the treatment used, not for a week, but extending over months, if the changes in the patient warranted the labor, we should often find a clue to conditions of body and mind which would be of vast use to us in future investigation. In our dispensaries and hospitals each physician making a careful clinical study of a certain line of diseases, taking nothing for granted, but feeling his way step by step, proving everything, and holding fast only

to the proved truth, would contribute something to the general good of inestimable value.

In private practice, if every man would say to himself, "In addition to my general work, I will make a special study of some particular disease; get at, if I can, its cause, the pathological condition, pursuing my enquiries step by step, building up my theory upon an unanswerable array of facts, facts which I have seen, proved and analyzed myself," there would be much less quarrelling among physicians, much less difference of opinion, and a much greater respect for each other.

Will not the profession throughout the country pursue some such course as we have marked out above, and bring to the world's homœopathic convention, on our nation's centennial, a record which will show an honest, earnest effort to solve the great problem of disease, and point out its cure?

We know so little, and so often stand face to face with suffering and death utterly powerless to relieve the one, or ward off the blows of the other, that humility, and the earnest, honest seeking after truth, is more becoming to us than self-glorification. Each school has but little to boast of, and the failures are too shameful everywhere to warrant any very extended self-praise. When both schools bring unprejudiced minds to the careful investigation of facts, the conclusions will not be so widely separated.

SCHOOLS OF MEDICINE.

FROM the report of the Commissioners of Education for 1874, we obtain some very interesting information respecting the medical schools of the United States. We learn, that in that year there were seventy-four medical schools, of these, sixty-three are classed as *regular*, four as *eclectic*, and seven as *homœopathic*. In these schools there are 938 instructors, of which 780 are connected with the so-called regular, 122 with the homœopathic, and 36 with the eclectic

schools. The "*regular*" schools have 6,888 pupils, the eclectic 303, and the homœopathic 565. Of the pupils, 621 in the "*regular*" schools have received a liberal education, 5 in the eclectic, and 58 in the homœopathic.

Notwithstanding the sneers of our allopathic friends, that homœopathic physicians are uneducated men, we find by these statistics that the per centage of liberally educated men in our schools of medicine is greater than in theirs, the per centage in the homœopathic schools being one to nine and-a-half, while with them it is one to eleven and-a-half. In point of a thorough medical education, we are inclined to believe the examinations in our schools of medicine are quite as thorough as in theirs, and will show quite as high a grade of scholarship. In clinical teaching, so far as the examination of diseases is concerned, and the practical instruction gained by studying pathological changes, they have been greatly ahead of us, from the fact that all the great public charities, until quite recently, have been in their hands. With the increased advantages of clinical instruction now at our command, there is no reason why, if we are wise, we will not in a short time take the lead among the medical colleges of the country, for thoroughness and completeness of a broad, scientific, medical education. In the libraries of the various schools the regulars have 52,086 volumes, the eclectic 2,400, and the homœopathic 4,200 volumes. In contrast with this meagre showing, the library of the Surgeon General's office at Washington has 37,000 volumes, and 30,000 pamphlets. It is worthy of note, that while the total benefactions of the country during the past year to education were, as nearly as could be ascertained, \$6,053,304, the medical schools whose influences are felt in every avenue of life, are almost entirely dependent upon their tuition fees for support. Of these fees a large portion naturally passes into the pockets of the teachers, the majority of whom cannot afford to work for nothing. As a natural consequence, while our literary colleges are pro-

vided with every facility in the way of magnificent apparatus to fitly illustrate every department of study, our medical colleges fail to accomplish anything like what might be done if their libraries, their laboratories, and their scientific instruments were more complete. Our literary colleges, from their immense revenues, can afford to bring to their institutions the ablest minds in the country, and give them every facility which wealth can bring to fully and fitly illustrate their various departments. Will we ever see in our medical colleges a like liberality? We fear not until the heart of some large-minded philanthropist is moved to contribute of his wealth sufficient to make an institution in every sense of the word thoroughly and completely independent.

POISONING BY CAMPHOR.—Nine well-authenticated cases of poisoning by the homœopathic solution of camphor have been published from time to time in the *British Medical Journal*. This solution contains about a grain of camphor to every two drops, and in doses of fifteen drops and upwards it acts as a strong poison. Some doubt having been expressed by a physician whether camphor was really the cause of the symptoms in the cases reported, from the fact that he had taken the drug in three-grain doses, with no other than a beneficial effect, the *British Medical Journal* replies: "It is a well-known fact that the action of a poison is, *ceteribus paribus*, in direct proportion to its solubility. Camphor being very insoluble in the fluids of the canal when given in the form of a dry solid, is in great part eliminated without being absorbed, and has little medicinal or poisonous effect; but when taken in the form of a spirituous solution it is much more readily absorbed, and is, in a corresponding degree, more active."—*Boston Med. and Surg. Rep.*

SCHOOL FOR NURSES.—The Commissioners of Charities and Corrections propose to establish a school for nurses, in connection with the Homœopathic Hospital on Ward's Island, commencing January 1st. Communications relating to this subject should be addressed to Dr. H. D. Paine, 26 West 30th street, N. Y. city.

Reports of Societies.

HOMŒOPATHIC MEDICAL SOCIETY, COUNTY OF NEW YORK.

REGULAR MEETING, NOV. 10TH, 1875.

Dr. B. F. Joslin, President.

The Secretary of the Society, Dr. A. K. Hills, read a letter from a gentleman familiar with the customs of physicians in Europe, in relation to the collection of fees, in reply to a communication from the secretary asking information on that subject. The letter is herewith given:—

Dear Doctor:—In Europe, there is a classification or gradation in the professions of law and physic, unknown here.

Take England for example. In law, no "attorney-at-law" is a pleader. He prepares his client's case in what is humorously called a "brief," (often a dozen folio sheets long,) and engages the counsellor or "barrister," to plead in court, and no barrister does the work of an attorney.

In medicine, there are, 1st, the general practitioner, or licentiate of the Apothecaries' Company or "Guild," who is druggist and prescriber together. He sends in bills for advice and medicine, specifying items.

Next comes the holder of a diploma from the Royal College of Surgeons, (originally barber-surgeons,) who is often also a licentiate of the Apothecaries' Company. His medicines are kept in the "Surgery" for his own dispensing, and are not sold across a counter. If he becomes skilled as a surgeon, and has much to do in that way, he rises to the dignity of *fees*, otherwise his little bill is sent in.

Neither of these classes are called "Dr.," however eminent they may become. *Mr. Abernethy*, *Mr. Liston*, *Mr. Ferguson*, etc., are names of note.

Lastly, the "M. D." crowns the column. If an allopath, he never furnishes medicine, nor carries a case of instruments; he does not perform even the minor operations of surgery. He is neither druggist, nor surgeon, but *physician*.

When summoned to the bed-side, he examines the case, writes his prescription, and withdraws. Before leaving, one of the family usually invites him into a parlor or library, and while putting some question regarding his patient, lays on the table his fee, which, with a slight bow, he puts in his pocket. Ancient custom settled this fee at one guinea, (twenty-one shillings, English,) that being the highest gold coin. Since the "sovereign" superseded the guinea, with a coin worth but twenty shillings, (instead of twenty-one,) it is considered good taste to place a sovereign and a shilling in a piece of tissue paper, and thus make up the "guinea." This is the charge for an office consultation or a visit within half-a-mile. If the family attended are well off in the world, this excellent joke is repeated at each visit. If not, (as their confession or the doctor's

observation may show,) it will still be offered, but will generally be courteously declined for that occasion, in some such words as "another time." But no one expects a physician to continue attendance when his fees are not paid.

In the case of visits to a distance, where the fee is large, and the family unprepared, it is usual to send the physician a cheque for the amount the day following his first visit. According to this custom a physician keeps no books except his case-book, and book of household expenses. He has no disputed accounts to vex him, and none of the anxieties and disappointments that come of delayed settlements, or utter failures to pay at all. He is at peace with his patients and their families, and his mind, when studying his cases, is unclouded by the petty, worrying cares that beset another whose income is an unknown quantity.

The question of the very poor is answered by a common custom, which includes the busiest and most famous physicians, of devoting one to one and one-half hours every morning to receptions and prescriptions by the physician, at his own house, for the benefit of the poor. This gratuitous service rendered, he considers that all others who consult him at other times should pay, and *pay* they must.

The advantages enjoyed by the physician under this plan are obvious. As to his patients and their families, if they do not plague him quite so often, they are more civil when he is called in, and more attentive to instructions by the physician, at his own house, for the benefit of the poor. And it is quite as easy to pay a doctor by fees, as to allow a long bill to accumulate, and then pay *that*. The cheats are the only people who would be worse off, because they would have to give money instead of promises.

The object of the secretary in presenting to the society this subject of professional fees, is set forth in the following preamble and resolution adopted by the society, and referred to the Executive Committee for consideration.

Whereas, The members of the medical profession are especially entitled to exemption from financial embarrassment, in consequence of non-payment for their services as practitioners; and,

Whereas, It is the custom of our English colleagues to receive their medical fees at the time of each consultation, and of our legal brethren to ask and receive a retainer for their services; therefore,

Resolved, That a committee be appointed to consider the expediency of establishing a system of payment of medical fees, similar to that adopted by our colleagues abroad.

DILATATION OF THE CERVIX.

Mary W. Noxon, M.D., read a paper entitled "Dilatation of the Cervix," in which she mentioned several cases of dysmenorrhœa which had required this method of treatment for their relief. She did not believe that there was such a

complaint as "constitutional dysmenorrhœa;" it is only a symptom of a disease which may be inflammation of the cervical mucous membrane, retroflexion, antelexion, fibroid tumor in one wall of the uterus or the other, contraction of the os internum, flexures of the canal of the cervix, either acute or gently curved, either at the os interum, at the insertion of the vagina, or extending throughout the whole length of the canal, *all of which* are so many mechanical causes of obstruction which *must* be recognized and remedied, if we expect to cure dysmenorrhœa.

The history of the treatment of *three* cases of this disease was related, a sponge tent in the first, a sea-tangle tent in the second, and ivory bougies of various sizes, from the largest to the smallest, being used as the medium of dilatation. The result in each of these cases was most unfavorable, an attack of "uterine colic and metropéritonitis" occurring in one, within a few hours after the insertion of the tent; in another, convulsions, followed by fever, of long duration; in a third, "pelvic-cellulitis," with slow and tedious recovery. Expanding tents were used in one case for the purpose of exploring the uterus for a fibroid, with the most satisfactory results, but the dilatation was found to be only transitory, the isthmus, both external and internal, very soon returning to its ordinary caliber. Incision of the cervix in a case of "dysmenorrhœal sterility," was referred to. The operation was performed with Greenhalgh's double bladed metrotome. Very profuse hemorrhage followed the operation, which was checked with great difficulty. This instrument was condemned by the speaker, (as were all double bladed metrotomes, though White's little instrument was excepted, as it is adjustable in the hands of the operator by means of the screw,) because it is necessary to put the blades in position before they are introduced.

Thus, the blood vessels entering the cervix just about the level of the internal isthmus, some penetrating deeply into its structure, and the venous canals being maintained as more or less rigid tubes, of course an incision half an inch, or even a quarter of an inch deep, will be very liable to divide some of these vessels and produce furious bleeding. Greenhalgh's instrument does not possess the advantage of being controlled by the operator, the blades are set beforehand, so as to diverge to a *given extent*, the blades cut as

they are set, beyond observation of sight or touch; the incisions they make cannot be regulated according to indications obtained during the operation. The thickness of the cervix uteri at the place of incision, and the nearness to which the vessels approach the inner surface, it is impossible to determine, therefore, setting the blades to diverge *one-eighth of an inch only* beyond the limit of safety, a limit which it must be borne in mind, we are unable to determine, will involve the danger of hemorrhage.

This case was only partially successful, as the patient returned six months later with the old dysmenorrhœal trouble, though not so severe, yet sufficient to cause her much distress. An examination revealed the fact that there was still stricture at the internal os. A second operation was performed with Sims' metrotome scissors, followed with White's hysterotome; the operation was a complete success, and the patient is now the mother of a five months' boy.

Another case, that of a poor woman who had all her life been suffering with dysmenorrhœa of the most painful description. Examination revealed slight displacement, and a small and very closely contracted os externum. The Sims' operation was performed, using at the last White's hysterotome, instead of the blunt-pointed knife, had been found more convenient and equally safe. After the operation, cotton saturated in glycerine and rose water is applied, pressing the same well up into the cervix. The speaker said she had recently begun to experiment with electricity for dilatation of the cervix, and with the exception of *one* case, had met with unparalleled success. She had relieved, with a persistent use of the battery, old cases of dysmenorrhœa of years standing.

The method of application is as follows:—Apply the negative primary current of Kidder's electro-magnetic machine to the cervix, first through a small probe, then by a dilator, each time increasing, or rather expanding the dilator until the internal os is acted upon; the positive pole is applied over the spine, kidneys, etc. Where there is induration, *calendula* and *glycerine* is applied locally, giving at the same time *calendula* 30, internally.

Dr. Noxon said she could enumerate a half-dozen cases which she had cured, and not one had returned, though she was in constant communication with them. The case that proved an

absolute failure, was a subject who could not take electricity in any form, and after four or five treatments it was abandoned.

With one case in detail, the paper was ended.

Miss L., a young lady of 24 years, living in Portsmouth, N.H., came for treatment. From an early age, following a fall, she had been suffering with dysmenorrhœa. Her sufferings were excruciating for five or six days preceding menstruation, and continued entirely through, with only occasional remissions; she could only find relief in the inhalation of ether or chloroform, frequently went into convulsions, and altogether it was an exceedingly aggravated case. Examination revealed decided lateral flexion, uterus normal in size, with adhesions from an old attack of peritonitis, after her severe fall; os and cervix contracted to the greatest degree, no induration, she was in a desperately nervous condition, having hysterical attacks daily. When treatment was commenced, she could not walk half a block without suffering great pain, and could only sit and lie in a certain position. The direct current was applied, attacking the adhesions first, at the same time advising hot sitz baths. This treatment was continued until the uterus could be restored to some extent. *Arnica* and *bryonia*, 30, given internally. Applications to the cervix were then begun with the negative primary current, and it was over two weeks before a small-sized dilator could be introduced. As soon as the cervix began to expand sufficiently, a Wright intra uterine pessary was introduced, allowing it to remain about three hours daily. The first menstruation after this was more comfortable; *second*, an improvement on the first; *third*, no pain of consequence; *fourth*, perfectly natural. Patient was dismissed in May as cured, in August was married, and is now living in Cambridge, Mass., and is two months and a-half in pregnancy.

Dr. C. S. Lozier said she was pleased with Miss Dr. Noxon's paper, and in reference thereto, would like to make a suggestion. In dilating the uterine cervix, we should remember that at the climacteric period when the uterus assumes its senility, and is naturally growing smaller, all attempts at this operation are dangerous.

The metrotome, if used with caution, is less dangerous at this age than tents. The sponge tent is always to be used with care, on account of the sand they are liable to contain. Dr. Lozier

shields them with fine linen in folds so as not to prevent their expansion. The sea-tangle perforated or tubular tent she liked best; elm bark is also good. Tents should be used in graded sizes, never on insertion so large as to require force or to give pain. Said she had artificially dilated the os and cervix in many hundred cases, and never in the first instance seen dangerous hemorrhage or inflammation supervene.

Constitutionally, where the parts are congested, she has found *veratrum viride* given in its various attenuations very excellent, also in local application. Complication of rectitis and cystitis should be considered and treated both locally and constitutionally.

In displacements of the uterus the organ itself is not so much at fault many times as the surrounding parts; prolapsus vaginæ is often mistaken for prolapsus uteri. In one case she had removed five of Dr. Hodges' hard-rubber pessaries from the vagina of a lady, which had been inserted for prolapsus uteri. The first gave relief, but in a short time it failed, and another was required to lift the first, and then another, and another. The five were removed, and the uterus found in a healthy condition, but the vagina greatly diseased and prolapsed. Dr. Lozier considered electricity one of our best remedial agents, and said she had used it almost daily since 1848, in dilating either the cervix uteri or the sphincter ani, applying the continuous current, the positive over the sacrum, and the negative where dilatation is desired.

PROLAPSUS UTERI WITH IRRITABILITY.

Sarah J. White, M. D., said her attention had frequently been called to these combined troubles resulting from straining, lifting and reaching, and of the benefit arising from the use of the remedies *arnica*, *nux.*, *rhus.* and *sepia*, and also electricity in its modifications, applied locally and generally. The following cases were cited:—

Case 1. Miss S., age 18, of American parentage, light complexion, had always enjoyed good health, until on one occasion when reaching to replace something on a high shelf, felt a sensation of "giving-way" in region of right ovary, followed soon after by sharp pain, and hemorrhage, from which she suffered twenty-four hours before calling for assistance. After treatment by another physician, a year having now elapsed since the accident, the patient came under Dr. White's

care. Examination revealed the following condition: cervix elongated, very sensitive to the touch, and lying to the right; much soreness over the right ovary. The patient complained of giddiness, constipation, neuralgic pain with stiffness over the right side, much soreness of the womb, feeling, she said, "as though she sat on it." *Nux. vom.*, 1^m was the first remedy given, and electricity applied. As the symptoms changed somewhat, this was followed by *sepia*, 1^m. Before the end of the second month the uterus had assumed its normal position and condition, there still remaining some stiffness and some neuralgic pain in the right ovarian region, both of which disappeared under the action of *arsenicum* and *sepia*.

Case 2. Madame D. A., lady of French parentage, age 30., of feeble constitution. Examination showed no displacement, but much sensitiveness of the cervix, with hypertrophy. Had just recovered from an attack of endometritis, caused by the introduction of the sound. Electricity and galvanism were used with much benefit for five months, when prolapsus uteri was brought on by lifting a heavy weight; after the local application of electricity with an amelioration of symptoms, the patient discontinued treatment for several weeks. Lifting a heavy weight brought a return of the prolapsus. Remedies were then used in connection with the general treatment by electricity: *Arnica* and *nux.* were given, followed by *rhus.*, as symptoms required, and the uterus soon assumed its position.

Case 3. Mary B., healthy married woman, was attacked with pain in hypogastric region, and a stitching pain through liver and spleen. Examination refused. Prescribed *bryonia*. At the end of two weeks patient much improved, pain had assumed the character of a bruise. Ascertained that patient had lifted a heavy tub of clothes, since which she had suffered severe pain during coition. Examination at this time revealed anteversion, and an extremely irritable condition of the cervix. *Arnica*, 1^m was given at intervals, for two weeks, when examination showed the position normal, the extreme sensibility much modified; bruised sensation gone, strength returned.

Case 4. Mrs. M., married, has suffered from prolapsus and ulceration, for which she received electrical treatment combined with homœopathy, was cured and remained well four years. Carried

a heavy box up two flights of stairs, and continued a hard day's work until late in the evening; began almost immediately to feel the weary dragging sensation through the pelvic region, with the sensation of resting the whole weight of the body on the cervix when sitting down; constant desire to urinate. Examination showed the uterus resting on the floor of the pelvis, *very* sensitive to touch, so that trying to elevate it caused extreme pain. *Nux. 1m* was immediately prescribed, to be taken three times a day. Next day much relieved. *Rhus. tox.* given during the following day, and recovery immediately followed, so that patient was able to resume accustomed duties.

Dr. Emma Scott stated that in all her practice she had *never* used a pessary, and had cured many cases of prolapsus and retroversion, by having her patients adopt postural treatment, assuming the position adapted to the case in point, thereby getting the uterus in the habit of remaining in its normal position, and also by replacing the uterus at each visit if necessary, and giving the remedy similar to the totality of the symptoms. She contended that inflammation was *one* but not the only cause of prolapsus, stating at the same time that she endeavored to ascertain the cause of the trouble, and treated her patients accordingly.

Considering vaginitis as a cause of prolapsus, she stated that she had seen cases where the upper portion surrounding the cervix prolapsed without displacing the uterus, also, that it might be confined to the lower portion, or that either the anterior or posterior wall might prolapse without prolapsus uteri resulting. In treating prolapsus uteri much depends on postural treatment, having the patients assume the position described several times daily, for five to twenty minutes, if possible.

Dr. Clara C. Plimpton recalled a case in proof that the vagina was not always one of the supports of the uterus, although admitting that one case was not sufficient evidence on either side. A woman who had everything unfavorable to contend with, as hard work, insufficient food and shelter, who had given birth to several children, and had had two or three miscarriages, came complaining of such a discharge all the time that she was obliged to wear a napkin. Upon examination the vagina was found *very much prolapsed*, and so much relaxed that the bivalve

speculum could not be used, the lax tissue entirely filling up the space between the blades. With a tabular speculum the cervix and os were found normal in appearance, and such a slight prolapsus of the uterus that it could not be called the second degree, and with every bearing down motion the vagina would escape the vulva if not held in position; there were also two large ulcers on the walls of the vagina from the irritation of the parts, which were the source of the discharge.

HAHNEMANN HOSPITAL.

THIS hospital, situated on 54th street, between Seventh avenue and Broadway, and formerly known as the "New York Homœopathic Surgical Hospital," has by an act of the Legislature, been united with the "Woman's Hospital Association," and the new institution given the above name. The hospital is under the direction of a board of trustees, composed of prominent citizens, who feel a deep interest in its success.

The medical and surgical supervision is in charge of the following physicians:

E. E. Marcy, M.D.,	J. W. Dowling, M.D.,
E. Guernsey, "	D. B. Hunt, "
Lewis Hallock, "	E. P. Fowler, "
T. F. Allen, "	C. E. Blumenthal, "
Jas. H. Schley, "	W. H. White, "
Geo. E. Belcher, M.D.,	S. Lilienthal, "
B. F. Joslin, "	J. Robie Wood, "
W. J. Baner, "	H. B. Millard, "
F. S. Bradford, "	J. McE. Whetmore, M.D.
C. P. Burdick, "	L. L. Danforth, "
E. G. Bartlett, "	

SURGEONS.

Wm. Tod Helmuth, M.D.	F. E. Doughty, M.D.,
John H. Thompson, "	C. T. Liebold, "
J. C. Minor, "	T. D. Bradford, "

Resident Physician, Arthur Beach, M.D.

At a meeting of the staff held at the hospital building, Wednesday evening, November 3d, Dr. J. M. Schley was elected Secretary for the term of one year. A resolution was also adopted recommending to the Board of Trustees that a ward be allotted to the exclusive use of charity patients, one for men and one for women. The following physicians and surgeons were appointed to serve during November and December: Drs. Minor, Burdick, Liebold, Lilienthal, and E. Guernsey. Applications for the admission of patients may be made to S. H. Wales, Esq., 119 Duane street, or to Dr. Beach, Resident Physician, at the hospital.

Medical Annotations.

Ovarian Compression in Fits of Hysteria.—Dr. Charcot, of La Salpêtrière, believes that in the majority of hysterical fits there exists an aura, which takes its starting point in one or other of the ovaries, and sometimes in both. Therefore, in order to arrest immediately a fit of hysteria it suffices to exert strong pressure over the ovary where the aura is seated. In his hospital wards he has often shown the effectiveness of the method, alternately checking an hysterical fit or allowing it to go on by applying or removing compression. In order to exert protracted pressure he makes use of a sort of tourniquet. In manual compression the fingers are pushed down behind the pubis where the artery can be felt distinctly beating.

The Arrest of Cardiac Palpitation.—A correspondent of *L'Uneon Médicale* draws attention to the influence on palpitation of the heart, of lowering the position of the head. The effect is said to be its almost instantaneous arrest. Whether the palpitation be from nervous disorder of action or from anemia, if the head be so lowered by bending forward that a mechanical congestion of the upper half of the body results, the irregular action speedily ceases. This treatment, however effective for pure palpitation, can hardly be recommended in cases of organic disease of the heart in which dyspnea is associated with the disturbed action. It will probably be found useful in the simpler cases. The writer, (Dr. Lardier, of Rambervilliers,) speculates that the effect may be analogous to or identical with the retardation of the cardiac pulsation, which occurs as one of the earliest symptoms of asphyxia, and which appears to be a consequence of the venous stases in the upper part of the spinal cord. It may, he suggests, be due to the failure of arterial stimulation to the roots of the nerves which pass from the spinal cord to the sympathetic, and which have for their function, as Von Bezold showed, the acceleration of the heart's action.

THE managers of the Albany Homœopathic Hospital are in want of a resident physician. Applications should be addressed to Dr. H. M. Paine, 104 State street, Albany, N.Y.

Bibliographical.

RELATIONS OF THE URINE TO DISEASES OF THE SKIN. By L. Duncan Bulkley, M.D. New York: G. P. Putnam's Sons.

This interesting monograph is reprinted from *The Archives of Dermatology*, of October, 1875. The author takes issue with those who believe in the purely local nature and treatment of the many diseases of the skin. The German school, he thinks, has done much to improve local cutaneous therapeutics, but it has also done much harm by theories, which discredit the dependence of skin lesions upon internal disorders. The author, we presume without being aware of it, takes precisely the position so long maintained by the homœopathic school, that the majority of skin diseases are not merely local troubles to be treated as local lesions, without regard to general conditions, but they are symptomatic, and the result in most cases of a derangement of assimilating functions, of nerve tissues, and of those various forms of dyscrasia, the cause of which is sometimes so obscure as to defy detection. The treatment, with every judicious practitioner, while local applications to meet existing conditions will of course be used, must be constitutional, to meet the various causes of the disease. Chemical and microscopic examinations of the excretions, and ophthalmoscopic investigations will add much to the certainty and clearness of our diagnosis, and materially aid us in the careful study of our materia medica for the appropriate remedy. We hail with pleasure so careful a worker in the field as Dr. Bulkley. He believes that careful chemical and microscopic examination of the urine give us in very many cases a clue to the nature and cause of the skin trouble, and aid us in the selection of the remedy. He sums up at the close of his paper the results he has obtained in 605 urinary examinations in 109 patients affected with diseases of the skin.

The main points are:

1. The urine represents the state of the blood, as well as the integrity of the kidneys, and conversely the state of the secretion from the skin, and is therefore of very great importance in the study and treatment of diseases of the skin.
2. The circulation in the blood of excremen-

titious substances, uric, hippuric and oxalic acids and urea, given experimentally, has been followed by eruptions on the skin.

3. Uric acid is found in the blood of gouty patients, also in blisters raised upon them. It has also been found in the fluid contained in the vesicles of eczema. Urate and phosphate of soda have been recovered from the contents of pemphigoid bullæ in a case of psoriasis, and uric acid has also been discovered in the scales of psoriasis. Hippuric acid has been demonstrated in the scales of ichthyosis.

4. Urea is a normal ingredient of the sweat, has been recovered in notable quantity from the perspiration of a gouty patient in a Turkish bath, and has also been found to be excreted in quantity on the skin in certain fatal cases of chronic kidney disease. Urate of soda has been found crystallized on the skin of eczematous legs, in gouty patients.

5. The rate of secretion of the urine varies greatly with the state of the cutaneous surface; cold applications increasing and warm diminishing it. Daily bathing increases the total solid constituents in the urine, the urea and uric acid being increased. Profuse sweating diminishes the quantity, raises the specific gravity, increases the urates and chlorides. Complete suppression of exhalation by varnishing the skin causes death from uræmia, with albuminuria and the production of triple phosphates in various parts of the body.

6. The urine, during the acute febrile diseases of the skin, presents features such as might be expected from the extensive damage to its secreting powers occurring in these affections.

- (a) In *erysipelas* the urea in the urine is increased somewhat, the uric acid augmented three-fold, the chloride of sodium diminished, and albumen not unfrequently appears.
- (b) In *measles* the urine is rich in uric acid and urates; lower products of metamorphosis, albumen and blood, are not uncommon.
- (c) In *scarlet fever* the urea is not necessarily increased; uric acid is almost entirely suppressed at first and largely in excess at the close of the fever; the chloride of sodium is diminished. Sediments of uric acid and urates are common, and albumen and epithelium and casts generally appear.

(d) In *small pox* the quantity of urine is diminished and its specific gravity not proportionately increased; uric acid is precipitated and the chlorides are diminished. Albumen is sometimes seen.

7. In the chronic diseases of the skin the urine exhibits alterations of two kinds: *first*, those due to assimilative disorder, corresponding to those known to accompany derangement of the liver, dyspepsia and alterations due to hereditary disposition, a diathetic state closely allied to gout and phthisis; and, *second*, those due to interference in the functions of the skin, as in extensive ichthyosis and xeroderma, or in eczema or psoriasis covering much of the body, where the urinary changes may be regarded in a measure as secondary to the skin lesion.

(a) *Urticaria* is associated with a diminution of the urea and the organic salts in the urine and their probable retention in the system. The quantity of urine is small, the specific gravity high, urates and oxalates abound.

(b) *Erythema*. Here the urine is persistently acid with either an abundant deposit of urates, or oxalate of lime.

(c) *Eczema* patients seldom pass large amounts of urine, the tendency is to scanty secretion, almost always unnaturally acid, with a specific gravity averaging above normal. Free uric acid, the urates and oxalate of lime abound, sometimes oxaluria is very persistent. Albumen is rarely seen. The urea and uric acid are often below the normal standard, although they may be in excess when a large portion of the integument is affected; indican has been found in pathological quantities; when the specific gravity is high it may be due to an increase in the sulphates. Chlorides are diminished.

(d) *Psoriasis* sometimes alternates with phosphatic urinary deposits in gouty subjects. Where the excretory functions of the skin are much impaired the urea is above normal. The fixed salts are increased. The urine shows generally a hyper-acidity with deposits of uric acid, urates and oxalate of lime, the contrary being rather the exception. The specific gravity is liable to great and unaccountable variations.

(e) *Acne*. Urinary derangements are very common in acne, generally those of dys-

pepsia, the quantity and the specific gravity varying greatly. Generally over acid, the urine deposits oxalate of lime, urates and uric acid. It is not uncommon to find the phosphates increased.

- (f) *Pruritus* often gives very abundant uratic deposit, and sugar is sometimes present. In the aged, pruritus is often accompanied or preceded by diminished secretion of urine. The specific gravity may vary greatly.
- (g) *Herpes zoster*. The chlorides and phosphates are increased, and the sulphates diminished; oxalate of lime present.
- (h) *Pemphigus*. The sulphates and earthy phosphates are increased, chlorides diminished. Urea greatly above normal; oxalate of lime occurs. The quantity is small, specific gravity high and reaction very acid.
- (i) *Purpura*. Albumen, blood and casts are sometimes found. The earthy phosphates, ammonia and uric acid are increased, chloride of sodium diminished. The urine is scanty, with a low specific gravity and faintly acid reaction, giving traces of bile pigment.
- (j) *Melano-sarcoma*. The urine brown, often of a dark copper color, at times depositing urates abundantly. The deep color due to pigment particles alone or enclosed in epithelial cells. The urine very acid, specific gravity about normal and towards the end of life the quantity of urine is much diminished.
- (k) *Elephantiasis Græcorum*. Albumen is common, and the urea is diminished in the urine.
- (l) *Addison's disease*. Bronzed-skin disease. Quantity of urine small, specific gravity generally low, solid constituents deficient; albumen sometimes.
- (m) *Ichthyosis*. The quantity of urine is large and the specific gravity low, but the urea, though giving a small percentage, is unaltered in its total daily quantity. In one case the quantity of urine was greatly diminished, the specific gravity high and urates were deposited.
- (n) *Xeroderma*. Urine diminished in quantity, varying in reaction, alkaline and acid, depositing, when alkaline, a large quantity of amorphous phosphates; or, clear and acid with oxalate of lime.

Medical Items and News.

DR. R. LUDLAM, of Chicago, recently delivered a special lecture at the Hahnemann Medical College, in which he detailed his recent experience and observations in the Parisian hospitals. The audience was composed of a large number of the prominent physicians of Chicago and vicinity, and the medical class of the College. He said:

Medically considered, Paris is the most wonderful city in the world, and yet, while Chicago has five medical colleges, she has never had but one. But that school was in successful operation when the seeds of the Reformation were being sown in Germany, and when Columbus made his voyage of discovery to America. Her oldest hospital was established nearly 1,200 years ago, and she has more famous teachers in medicine and surgery than any other city, whether it be ancient or modern.

Even in Paris, where there is so much to attract and divert one's attention from his chosen pursuit, the earnest physician is inevitably drawn toward the medical school and the hospitals, and other objects are of secondary importance.

There is good reason for this, and why the antiquarian, as well as the doctor, should turn his steps toward these same institutions. For, with all the political vicissitudes of Paris, and of France, with her religious and social revolutions, and the unsettled condition of her affairs, which have become chronic and apparently incurable, her charitable institutions have never been burned down or broken up. This is a great compensating element and fact in her curious history. Century after century has come and gone, but these fountains of mercy to the sick and the afflicted among her population have never been sealed. War and pestilence have spread their devastating influences within and without this beautiful city, but, under the most threatening and cruel circumstances, the heart of these charities have been warmed for their inmates, and their ministers have always stood ready to bind up their wounds, and to set them on their way again.

The Frenchman may be on the crest of the wave, or in the trough of the sea, in so far as his individual experiences go, but he never forgets the hospital.

The stability and permanency of these charities is a most important element in perfecting the work for which they were designed. The hospitals are under the control of the general administration, and do not, therefore, depend upon contingent and spasmodic subscriptions. There is not one of all the thousand places of amusement in the gay Capital which does not pay its tribute to this practical benevolence. A tax of \$2 per year each on 40,000 dogs is only a small item of revenue. Each year the total current expenses of the

hospitals and almshouses of Paris exceeds \$2,000,000. But the whole debt is paid without any sign of the scrambling, and screwing, and hard work, which are so necessary in the conduct of similar enterprises in our own latitude.

In London I found that printed appeals for aid in behalf of this or of that hospital were sometimes posted on sign-boards along the streets; and that stationary contribution boxes for the same purpose were as common there as they are in the old churches of Switzerland. The daily papers also were laden with stereotype and pathetic advertisements calling for help, and begging their readers not to suffer these charities to languish for the lack of funds. But in Paris there is nothing of the kind. The more than 20,000 sick-beds, and the 4,000 persons (exclusive of nurses,) who serve in various capacities, are furnished and paid, whether the national credit goes up or down, and whether the experiment of founding a Republic succeeds or not; and, what is more remarkable, the whole machinery is out of sight,—nobody is asked to give anything and there is no assault upon the Treasury.

This excellent management secures another advantage, not only to the patients in the hospitals, but also to the physicians and students who resort to them for the purpose of taking object-lessons in the natural history and treatment of disease. For it enables the authorities to provide and to pay for the best medical and surgical attendance. Guarded by a series of competitive examinations, which extend through several years, which are open to candidates from all over the world, and which are free from the wretched influence of medical politics, this arrangement secures the best talent both for prescribing and for teaching. It places those who represent, and who are responsible for, the several departments of a hospital beyond the contingencies that beset the most of us. Secure in their position, they may cultivate special lines of study, and perfect themselves to a degree which, under different circumstances, is quite impossible. And, not being forced to give the mere refuse of their time to teaching, their clinical lessons, especially in the way of differential diagnosis, are very remarkable.

In speaking of the ancient custom of "walking the wards" of the hospital, which is still in vogue in Paris, Dr. L. said: It is a curious fact, however, that the inmates of these wards are so educated or trained to this custom as not only to have a singular immunity from perturbation or injury on account of these visits to their bed-side, but that, in many cases, they really seem to enjoy them. I saw the babies and children in Bouchut's clinic picked up, turned over, examined, and handled just like so many poodles. They neither whined nor whimpered, nor did they make the least show of fear or of resistance. And the larger subjects, the adults, are like so many lay figures, passive, patient, and always cheerful. On the principle of the Spanish proverb, which holds that "the gardener's foot don't hurt the flowers," I suppose this old way is better adapted to the hospitals of Paris than it would be to

those of Chicago, where we have a very different class of patients to deal with. Some of the ill effects of this peripatetic mode are also compensated by the incessant drill which it affords the student in the proper manner of examining the sick and of eliciting their symptoms. This education, which is acquired insensibly, serves to refine the pupils in a remarkable degree, and to familiarize them beforehand with the etiquette of the sick chamber.

Of the Hotel Dieu, he said: This is the oldest hospital in Paris, and perhaps in the world. It was founded in the year 600, and for centuries was used as a general hospital. The population of the city increased so greatly, without a corresponding increase in the facilities of the institution, that, in 1789, the patients were so numerous that as many as from four to nine of them were forced to occupy a single bed! The sick and the convalescent, the dead and the dying, cases of labor, of malignant fever, of small-pox, and of every description of surgical accident, were mixed in horrible confusion, and the majority of them who entered the hospital died. This state of things was remedied in 1790.

The entrance to the old part of this hospital is vis-a-vis with Notre Dame, these two structures having faced each other for centuries. Both represent the summit of professional ambition, for the priest in one, and the physician in the other, are as high as they can hope to get in this world, with a fair prospect for the next.

The lecture was characterized and illustrated by sketches of the personal appearance, manners, and methods of teaching of the various hospital celebrities, among whom are Dernutz, Depaul, Guerin, Verneull, and Pean; and also of Pajot, Beclard, and Claude Bernard, the great physiologist.

After stating that the distinguishing feature of the French school of medicine of to-day is excellence in diagnosis, Dr. Ludlam closed with a forcible argument against the prevalent idea that the French are a frivolous people, who are wholly given to the pursuit of pleasure. "One day's experience in either of the hospitals, or in the medical school of Paris, will prove the contrary. For, if there is a class of men who are seriously occupied with the duties of their mission, those of whom I have spoken are its representatives. I did not hear any 'talking against time,' there was no 'padding,' and no vulgar anecdote in any lecture, there were no crude and floppy speeches, and no sermon-reading, but every teacher was bubbling over with, and not babbling over, his topic. Each one evidently came forth full of his subject, began to talk, and then, as Goethe puts it, 'warmed himself by his own fire.'"—*Chicago Tribune.*

THE Annual Meeting of the County Medical Society will be held Wednesday evening, Dec. 8th. Every member of the Society is earnestly requested to be present, as business of importance will be considered, especially the election of officers for the ensuing year.

AN APPEAL.—The lady managers of the Homœopathic Hospital of Pittsburgh intend holding a Fair and Festival, for the benefit of their Institution, on the first Wednesday in December. They would gratefully receive any contributions in money or fancy articles, or indeed, any information tending to make their effort a success. Have not some of our ladies fancy goods and other articles, which were not disposed of at our fair, that are hid away in some closet, in hopes that, perhaps, another fair may need them? If so, let them send word to Mrs. McCandless, Alleghany Bank, Pittsburgh, Pa.

CENSUS Report of Homœopathic Hospital, Ward's Island, from October 15th to November 15th:—Number remaining Oct. 15th, males, 162; females, 15; native, 42; foreign, 135. Admitted since, males, 77; females, 38; native, 21; foreign, 94—Total, males, 239; females, 53; native, 63; foreign, 229. Discharged, males, 23; females, 10; native, 8; foreign, 25. Died, males, 3; females, 1; native, 1; foreign, 3. Eloped, male, (native) 1. Births, male, 1.—Total, males, 28; females, 11; native, 11; foreign, 28. Total remaining Nov. 15th, 1875, males, 211; females, 42; native, 52; foreign, 201.

HOMŒOPATHY IN HOSPITALS.—Boston, Dec. 1st.—Before the Committee on Hospitals of the City Council, arguments were heard to-day, *pro* and *con*, on a petition of homœopaths, for a ward in the City Hospital for patients desiring homœopathic treatment. The discussion was very spirited. No decision was rendered.

DR. DIENSTAFY has been rewarded by the Academy of Sciences with the "Prix Monthyon," for his work on "*L'Asparation des Liquides Morbides*," and for the service rendered by his pneumatic aspirator to medicine and surgery.

DR. C. L. NICHOLS, of Worcester, Mass., and graduate of Harvard Medical College, has been appointed to the Resident Staff of the Homœopathic Hospital, Ward's Island.

DR. C. A. BACON, who has recently returned from Europe, is located at 26 West 30th street, New York city.

OBITUARY.

DR. F. W. HEADLAND died recently at the age of forty-six. His little work on the "*Action of Medicines*," was for many years a text-book in most of our allopathic colleges.

DR. HORATIO STONE, who for many years past has been widely known as a sculptor of more than ordinary merit, died recently at Rome, at the age of sixty years.

Publishers' Department.

NEW YORK, Dec. 1st, 1875.

To whom it may concern.

Dear Doctor—THE HOMŒOPATHIC TIMES has been sent to a large number of the profession, yourself included, hoping that it would meet with sufficient favor to merit your subscription.

As we have not heard from you directly, will you have the kindness to signify your wishes, either by returning the Journal, marked "Not Wanted," or sending us a Postal Order for the amount of subscription.

As all news either medical or literary naturally centers in New York, we feel that we have facilities for furnishing a live journal, both in its original and selected departments, thus keeping you fully advised of the progress of our school throughout the world.

We are, very respectfully,

THE EDITORS.

Office, 18 West 23d St.

THE TIMES is sent to secretaries of homœopathic medical societies, free of charge, upon application; also to homœopathic medical libraries, hospitals and dispensaries.

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